FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # MAG



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90017 041 ***150.00

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1. Corpo	ration	Name									
COL	JR V	NORLD, INC.									
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1											
Principal	cipal Place of Business Mailing Address									#(#() \$1011 G1311	
4430 NW	N 106 AVE 4430 N.W. 106 AVE							ļ			
	RINGS FL 33065 CORAL SPRINGS FL 33065							i			
US		US						l	DO NOT WRITE IN TH	S SPACE	
!	•								3. Date Incorporated or Qualifed		
	!							İ	10/05/1992		
2. Princip	pal Pla	al Place of Business 2a. Mailing Address							4. FEI Number	A	oplied For
21	1								65-0400061	N	ot Applicable
Suite,	Apt. #	Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	¥	Additional
22		27							5. Certificate of Otolico Debited	Fee R	equired
City &	State	•		City & State					6. Election Campaign Financing	\$5.00	May Be
23	ļ		28						Trust Fund Contribution	Added	to Fees
Zip	ļ	Country		Zip	Cou	ntry			8. This corporation owes the current year	ntangible	
24	t I	25 29 30							Personal Property Tax.	Yes	Ž(No
		9. Name and Address of Curren	t Regis	tered Agent					10. Name and Address of New Registere	d Agent	
						81	Name				
	BRUNO, MARCELO J. 4430 NW 106 AVE					82	Street Ac	droc	ss (P.O. Box Number is Not Acceptable)		
						02	Sileer Ac	ures	ss (F.O. Box Number is Not Acceptable)		
(CORAL SPRINGS FL 33065					83					
					į						
	į	•			- 1	84	City		· F	85 Zip	Code
44 D		- the annuicing of Continue 607 050	2 and E	7 1509 Florida Statut	or the el	2016	-named co	mor			registered
office	or re	egistered agent, or both, in the State	of Flørid	a. Such change was a	uthorized	by	the corpora	ation	ation submits this statement for the purpose 's board of directors. I hereby accept the app	ointment as re	egistered
agen	t. I an	n familiar with, and accept the obliga	je∕n's of,	Section 607.0505, Flo	rida Statu	ites.	-		1000		
SIGNATU	JRE ,	X Manuel Os. 1	tin	7					77-77		
	\div	Signature, typed or printed name of moistered ager			<u> </u>	Agen	nt signature req	mited w	when reinstating) DATE	ND DIRECT	DDC IN 12
12.) - i [DP OFFICERS AN	U DIKE		13.	1.5			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	; [-		□ bcceit					·		
NAME						1.2 NAME					İ
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CITY-ST-ZIP	,			1.4 CIT		T-ZIP					
TITLE	! {			2.1 TIT	LE				Change	☐ Addition	
NAME	:	ROWSELL, JOHN 222 N		2.2 NA	2.2 NAME					ĺ	
- STREET ADO	RESS	1.1215 NW 21 PLACE			2.3 ST	REET	ADDRESS				_}
CITY-ST-ZIP	; }	CORAL SPRINGS FL			2. 4 CI	TY-5	T-ZIP			<u> </u>	
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NAME					3.2 NA	ME					
STREET ADD	RESS				3.3 ST	REET	T ADDRESS				
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STREET ADD	DECC						TADORESS			•	ļ
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CITY-ST-ZIP	;			DELETE	5.1 TI		, 411	-	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
	1 . }			5	5.2 NA						
NAME							FADDRESS				
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NAME	;]				6.2 NA						1
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the peceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: